Case SENDER: COMPLETE THIS SECTION DOCUME	COMPLETE THIS SECTION ON DELIVERY Page 1 of 1
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Warren Pumps, Inc.	2:07cN607
82 Bridges Avenue Warren, Pennsylvania 01083-0969	3. Service Type Certified Mail Registered Results Acturn Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 🗆 🗀 3 🗟	10 0004 0800 2593

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540